

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

6649

1. PLACE OF DEATH

County Jackson
Township Rose
City Kansas City (No. General Hospital #1)

Registration District No. 399
Primary Registration District No. 1002

File No. 814
Registered No. 814
St. _____ Ward _____

2. FULL NAME

Betty Nicholson
(a) Residence. No. 1821 Highland Ave Ward 7
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 11 mos. 11 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Nicholson
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 1876
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 52

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Clarksville
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Perry Harris

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Jane Gray

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

14. INFORMANT Mrs Jane Harris
(Address) 1601 Birchland Ave

15. FILED 2-18-29 M M Crow REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-16-29

17. Deputy Coroner
I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ruptured Aortic Aneurysm
9/0 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 9/0 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

20. WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DEATH? Autopsy

(Signed) Deputy Coroner, M. D.

19____ (Address) Deputy Coroner

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Highland

DATE OF BURIAL Feb. 19, 1929

20. UNDERTAKER Adkins Bros

ADDRESS 2000 E. 12th

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

238

Autopsy
Deputy Coroner
Adkins Bros
2000 E. 12th

